

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 5: General Case Management	Effective Date: April 1, 2010
	Section 15: Concurrent Planning – An Overview	Version: 2

POLICY

The Indiana Department of Child Services (DCS) is committed to ensuring that all children in DCS care achieve permanency in a timely manner. The Family Case Manager (FCM) and Child and Family Team (CFT) will address “What could go wrong” with the identified permanency plan (Plan A) at each CFT Meeting. The CFT should discuss an alternative or ‘Plan B’ for permanency if ‘Plan A’ is not successful. See separate policy, [5.7 Child and Family Team Meetings](#).

In a small number of cases, the use of Concurrent Planning is the most effective way to ensure that children in out-of-home and in-home care achieve permanency. DCS will evaluate each case to determine the appropriateness of Concurrent Planning.

Concurrent Planning requires the FCM and CFT to plan and work towards both reunification and another permanency plan. The intent of Concurrent Planning is that both plans will be pursued simultaneously and aggressively.

DCS **will develop** a Concurrent Plan for children in out-of-home or in-home care that meet at least one of the following mandatory Concurrent Planning Indicators:

1. The parent(s) have a history of voluntary Termination of Parental Rights (TPR);
2. The minor parent is under the age of 16 with no support systems and placement of the child and parent together has previously failed due to the minor parent’s behavior;
3. The parent, guardian, or custodian has asked to relinquish the child on more than one occasion following initial intervention; or
4. The parent, guardian, or custodian has a diagnosed mental illness or substance abuse problem that renders him or her unable to provide for or protect the child which, upon assessment, indicates:
 - a. A history of treatment without response, or
 - b. The parent, guardian, or custodian in treatment has a pattern of noncompliance with medication or treatment intervention.

DCS **may develop** a Concurrent Plan for children in out-of-home or in-home care that meet at least one of the following potential Concurrent Planning Indicators. The FCM should staff these situations with their Supervisor to determine the appropriateness of developing a Concurrent Plan.

1. There has been a single severe incident of Child Abuse and/or Neglect (CA/N), such as a near fatality of the child or a sibling or a fatality of a sibling;
2. The family has a history of repeated, failed attempts to correct conditions which resulted in child maltreatment;

3. Child or siblings have been in out-of-home care on at least one other occasion for a period of six (6) months or more, or have had two or more prior placements with DCS involvement;
4. There has been an ongoing pattern of documented domestic violence lasting at least one year in the household; or
5. The parent, guardian, or custodian has a developmental disability or emotional impairment which, upon assessment, indicates that the parent may be unable to provide, protect or nurture the child, and the parent, guardian, or custodian has no other relatives or social supports able or willing to assist in parenting.

DCS may consider developing a Concurrent Plan for other children in DCS care when appropriate. DCS will ensure that all parent(s), guardian, custodian(s), and members of the CFT are informed about Concurrent Planning.

DCS will collaborate with the parent(s), guardian, or custodian(s) and the CFT to create a Primary Plan and a Concurrent Plan. The Primary Plan should be changed to the Concurrent Plan if little or no progress is made at six (6) months following removal or at the discretion of the CFT.

Code References

[IC 31-34-21-5.6 Exceptions to requirement to make reasonable efforts to preserve and reunify families](#)

PROCEDURE

The FCM will:

1. Engage the family during the Child Protective Services (CPS) assessment to determine how the family's strengths and needs impact the safety, permanency, and well-being of the child(ren);
2. Within five (5) business days of removal or opening a case, determine whether any of the mandatory or potential Concurrent Planning Indicators are present;
3. If there are no indicators present continue with regular case procedures. If one or more mandatory indicators are present, follow Concurrent Planning procedures outlined below. If one or more potential indicators are present, staff the case with his or her Supervisor to determine the appropriateness of a Concurrent Plan for the child and family;
4. Staff the case with the Supervisor to discuss Concurrent Planning options;
5. Utilize the [Family Functional Assessment \(FFA\) Field Guide](#) to assist in identification of the family's underlying needs;
6. Ensure full disclosure to the parent(s), guardian, or custodian(s), relatives, service providers, attorneys, and Court Appointed Special Advocate and/or Guardian Ad Litem (CASA/GAL). See Practice Guidance for more information;
7. Explain the process of Concurrent Planning to all CFT members and address the following:
 - a. The detrimental effects of out-of-home placement and the child's need to obtain permanency as quickly as possible,
 - b. Parental rights and responsibilities, and outcomes that may occur as a result of parental action or inaction with respect to the Case Plan,
 - c. The services and supports that the agency can provide, including the role of the CFT, and

- d. Permanency plan options and the time limits to achieving permanency.
8. Hold a CFT Meeting or Case Plan Conference no later than 30 calendar days of removal or the decision to create a Concurrent Plan. At this meeting the team will:
- a. Identify a Primary Plan and a Concurrent Plan for the Case Plan(s). See separate policies, [6.10 Permanency Plan](#) and [5.7 Child and Family Team Meetings](#):
 - i. The Primary Plan must be for reunification through services with measurable outcomes and time frames, and
 - ii. The Concurrent Plan must be an alternative permanency plan, including a permanency goal other than reunification (e.g., fit and willing relative, legal guardianship, adoption, Another Planned Permanent Living Arrangement (APPLA), reunification with non-custodial parent.)
 - b. Identify services, outcomes, and measures, and
 - c. Develop the Visitation Plan, with parent and child visitation occurring a minimum of two (2) times per week. See separate policy [8.12 Developing the Visitation Plan](#),

Note: If a CFT Meeting is not convened, a Case Conference must be held. See separate policy, [5.8 Developing the Case Plan](#).

- 9. Utilize the 'Concurrent Planning' dropdown menu in the Indiana Child Welfare Information System (ICWIS) to identify the Concurrent Plan and to code the case as Concurrent Planning;
- 10. Make referrals for services to work towards the outcomes for both the Primary Plan and the Concurrent Plan within 10 business days of identifying a need for services. See separate policy, [5.10 Family Services](#);
- 11. Complete the [Case Plan \(SF2956\)](#) in the Indiana Child Welfare Information System (ICWIS), obtain supervisory approval, and secure all signatures within 45 calendar days of removal;
- 12. Complete a comprehensive search for absent parents. See separate policy [5.6 Locating Absent Parents](#);
- 13. Create a Family Network Diagram by utilizing GenoPro to identify extended family members and support the search for potential relative resources. See [Family Network Diagram Guide](#);
- 14. **[REVISED]** Utilize the CFT to determine when the permanency plan should be changed from the Primary Plan to the Concurrent Plan. If there is no significant progress towards the Primary Plan within six (6) months of disposition the Concurrent Plan will become the Primary Plan and DCS will evaluate the appropriateness of filing TPR; and
- 15. If the Concurrent Plan becomes the Primary Plan, the case should be unmarked as a 'Concurrent Planning' case in ICWIS and return to regular case planning procedures.

The FCM Supervisor will:

- 1. Staff the case with the assigned FCM and make recommendations as needed;
- 2. Approve the 'Concurrent Planning' label in ICWIS;
- 3. Review and approve, if necessary, the child's placement needs as recommended by the FCM and CFT;
- 4. Approve [Case Plan \(SF2956\)](#) in ICWIS once completed; and
- 5. If the Concurrent Plan becomes the Primary Plan, assist the FCM in transitioning back to regular case planning procedures and ensure that the FCM unmarks the case as a Concurrent Planning' case in ICWIS.

The DCS Local Office Attorney will:

1. Consult with FCM and Supervisor; and
2. Review Concurrent Plans prior to submitting to the court.

PRACTICE GUIDANCE

Care must be taken that parent(s) do not perceive Concurrent Planning as a threat. Although the Concurrent Plan is implemented when the Primary Plan cannot be achieved, it should not be presented as a punishment. Rather, Concurrent Planning offers parent(s) the opportunity to make critical decisions on behalf of the child and in the child's best interests. In many cases, Concurrent Planning allows the parent(s) to avoid the termination of parental rights and remain actively involved in their child(ren)'s lives.

Full Disclosure

Full disclosure is a process that facilitates open and honest communication between the FCM, parent(s), guardian, or custodian(s), extended family members, resource parents, attorneys, the court, and service providers. This process of sharing information, establishing expectations, clarifying roles, and addressing obstacles is an essential component of ethical social work practice.

Key items to discuss during a full disclosure interview:

1. Rights of the parent(s), guardian, or custodian(s);
2. Responsibilities of:
 - a. DCS,
 - b. Parent(s), guardian, or custodian(s),
 - c. Resource parent(s), and
 - d. Relative placement.
3. The effect of out-of-home placement on a child. When children remain in foster care for long periods of time, they may experience multiple moves, often making them unable to form normal attachments. Children need permanent families as quickly as possible for their emotional well being. Services will be provided to the family for a specific time to minimize the child's length of stay in foster care; and
4. The paths that a parent, guardian, or custodian may take include:
 - a. Actively working with DCS,
 - b. Withdrawing, disappearing, or only sporadically appearing making it difficult to effectively implement a service plan,
 - c. Acting in a resistant manner towards all services, or
 - d. Choosing Voluntary TPR.

Visitation and Concurrent Planning

Frequent visitation is a foundation of Concurrent Planning. Utilizing frequent visitation between the parent(s), guardian(s), or custodian and the child will:

1. Decrease anxiety for the child during out-of-home care;
2. Secure relationships and maintain bonds between parent/child;
3. Motivate parent(s), guardian, or custodian(s) to work towards [Case Plan \(SF2956\)](#) outcomes;
4. Decrease the amount of time that children remain out-of-home;
5. Offer opportunities for the parent(s), guardian, or custodian(s) and the resource parent(s) to engage in learning and growing; and

6. Give the opportunity to evaluate the parent and child relationship.

Recommended Concurrent Planning Visitation and Contact Standards

Participants	Frequency	Type
Parent/Child	2 times per week	Face-to-face
Parent/FCM	1 time per week	Face-to-face
Child/FCM	1 time per week	Face-to-face
Resource Parent/FCM	1 time per week	Phone
	1 time every month	Face-to-face
Service Provider/FCM	1 time per week	Face-to-face, phone, email

Changing from the Primary Plan to the Concurrent Plan

[REVISED] The CFT should determine when the permanency plan will transition from the Primary Plan to the Concurrent Plan. If significant progress has not been made towards the Primary Plan within six (6) months of **disposition**, the Concurrent Plan will become the Primary Plan.

If the decision is made to change the Concurrent Plan to the Primary Plan, the case will return to regular case procedures and will no longer be considered a 'Concurrent Planning' case.

FORMS AND TOOLS

1. [Family Functional Assessment \(FFA\) Field Guide](#) - Available on the Indiana Practice Model SharePoint
2. [Family Network Diagram Guide](#)
3. [Visitation Plan](#) – Available in MaGIK
4. [Case Plan \(SF 2956\)](#) – Available in MaGIK

RELATED INFORMATION

The Adoption and Safe Families Act (ASFA) of 1997 encourages states to engage in Concurrent Planning. This same Act requires states to file termination of parental rights at 15 of 22 months that the child is in out-of-home placement. It also specifies that reasonable efforts to place a child for adoption or with a legal guardian may be made concurrently with reasonable efforts to reunite the family. This is the primary goal of Concurrent Planning. Other benefits include:

1. Achieves early permanency for children within or outside the birth family;
2. Decreases a child's length of stay in foster care;
3. Develops a pool of resource families that can be of assistance to both child and family;
4. Maintains family relationships;
5. Reducing the number of placements;
6. Reducing the length of time in care;
7. Increase in voluntary TPR; and
8. Improving the long-term adjustments of the child by an increase in the degree of openness.